

PATENT APPLICATION Attorney's Do. No. 4591-227

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I HEREBY CERTIFY THAT THIS PAPER AND ENCLOSURES AND/OR FEE ARE BEING DEPOSITED WITH THE UNITIED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 CFR 1.10 ON THE DATE INDICATED ABOVE AND IS ADDRESSED TO: BOX PATENT APPLICATION, ASSISTANT COMMISSIONER EOR PATENTS, WASHINGTON D.C. 20231.

ADRIENNE CHOCHOLAK (SENDER'S PRINTED NAME) (SIGNATURE)

Box Patent Application Assistant Commissioner for Patents Washington, D.C. 20231

Enclosed for filing is a patent application under 37 CFR 1.53(b) of:

Inventors: Do-Hyung Kim and Sung-Eui Kim

For: METHOD FOR FORMING LAYER FOR TRENCH ISOLATION STRUCTURE

Enclos	sures:					
\boxtimes	Specification (pages 1-16); claims (pages 17-23); abstract (page 24)				
\boxtimes	10 sheet(s) of FORMAL drawings					
\boxtimes	Declaration or Combined Declaration	on and Power of Attorney				
	Newly executed (original or copy)	•				
	Copy from a prior application (37 CFR 1.63(d))					
	Incorporation by ReferenceThe entire disclosure of the prior application, from					
	which a copy of the oath or declaration is supplied is considered as being part of the					
	disclosure of the accompanying application and is hereby incorporated by reference					
	therein.					
	Deletion of Inventors (signed statement attached deleting inventor(s) named in the					
/	prior application (37 CFR 1.63(d)(2) and 1.33(b)					
$\sqrt{\boxtimes}$	Assignment with cover sheet					
	Assignee Name and Address:	Samsung Electronics Co., Ltd.				
		416 Maetan-Dong, Paldal-Ku				
		Suwon-City, Kyungki-Do				
_		Republic of Korea				
\bowtie	Certified copy of Priority Document No. 2001-0009382, filed February 23, 2001.					
\bowtie	Return Postcard					

	CLAIM	S AS FILED			. 102
For	Number Filed	Number Extra	Rate		Basic Fee \$740
Total Claims	28-20	8	x \$ 18	-	\$144
Independent Claims	5-3	2	x \$ 84	=	\$168
Multiple Dependent Claim Fee			x \$280	=	
TOTAL FILING FEE					\$1052



PTO Form 2038 authorizing credit card payment for the above-listed fees is enclosed. Any deficiency or overpayment should be charged or credited to deposit account number 13-1703. A duplicate copy of this sheet is enclosed.



Respectfully Submitted,

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